



REPORT OF TERMINATION OF ADOPTION PLACEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-ADOPTIONS

SFN 763 (1-2023)

<input type="checkbox"/> IV - E Eligibility
<input type="checkbox"/> Non IV - E Eligibility
<input type="checkbox"/> State Exception
Case ID Number

Child's Birth Name (First, Last, MI)		Child's Adoptive Name (First, Last, MI)		Date of Birth
Adoptive Parent #1 Name (First, Last, MI)				
Adoptive Parent #2 Name (First, Last, MI)				
Mailing Address		City	State	ZIP Code
We have terminated the child's adoptive placement with this family because:				
<input type="checkbox"/> Child died Cause of death: _____				
<input type="checkbox"/> Child was removed from home on _____ and placed with _____				
<input type="checkbox"/> Other (specify): _____				
The permanent plan for the child is:				
Signature of Agency Director or Supervisor		Agency		Date

This form is used to report the disruption of an adoptive placement prior to finalization, for any child placed by a LCPA pursuant to N.D.C.C. 14-15 or N.D.C.C. 50-12.

Copies of this document are retained in the supervising agency and the Department of Health and Human Services adoption records.